# FORM D

# **PROCESSED**

SEP 1 0 2008 📈

Type of Filing: New Filing

Address of Principal Business Operations

(if different from Executive Offices) **Brief Description of Business** Robotics

THOMSON REUTERS

Name of Offering:

Aethon, Inc. Address of Executive Offices

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

( check if this is an amendment and name has changed, and indicate change.)

☐ Rule 505

A. BASIC IDENTIFICATION DATA

□ Rule 506

(Number and Street, City, State, Zip Code)

(Number and Street, City, State, Zip Code)

Section 4(6

Aethon, Inc. Private Placement of Series E Preferred Stock

☐ Amendment

( check if this is an amendment and name has changed, and indicate change.)

Filing Under (Check box(es) that apply): Rule 504

100 Business Center Drive, Pittsburgh, PA 15205

1. Enter the information requested about the issuer

11629	584
OMB APP	ROVAL
OMB Number: Expires: Au Estimated average	3235-0076 igust 31, 2008 burden
hours per respons	e1 <u>6.00</u>

SEC USE ONLY

Serial

Prefix

SEP 022008  Washington, DC  John Jephone Number (Including Area Code) (412) 322-2975		DATE RECEI	<u> </u>
ULOSection  SEP DE 2008  Washington, DC  lephone Number (Including Area Code)  (412) 322-2975		Mall Processing	79
Washington, DC	4(6)	ULO <b>Section</b>	<b>J</b>
lephone Number (Including Area Code) (412) 322-2975		SEP 022008	
(412) 322-2975		Washington, D	C
	ephone Nun	iber (Including Area C	ode)
	(412) 32	22-2975	
lephone Number (Including Area Code)	lephone Nun	nber (Including Area C	ode)

Type of Business Organization  corporation  business trust	☐ limited partnership, already formed	other (ple:	080594
Actual or Estimated Date of Incorporation o		rear	☐ Estimated
Jurisdiction of Incorporation or Organization	1: (Enter two-letter U.S. Postal Service abbrev CN for Canada; FN for other foreign jurisd		D E

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230,501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

	A	. BASIC IDENTIFICA	ATION DATA		
2. Enter the information requeste					
Each promoter of the iss	suer, if the issuer has	been organized within the	past five years;		
<ul> <li>Each beneficial owner has the issuer;</li> </ul>	aving the power to ve	ote or dispose, or direct the	vote or disposition of, 10%	or more of a class	s of equity securities of
<ul> <li>Each executive officer a</li> </ul>	nd director of corpor	rate issuers and of corporate	general and managing part	ners of partnershi	p issuers; and
<ul> <li>Each general and manage</li> </ul>	ging partner of partne	ership issuers.			
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if inc Layton Crouch	lividual)				
Business or Residence Address c/o Aethon, Inc. 100 Busine		et, City, State, Zip code) ttsburgh, PA 15205			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if inc Donald Jones	lividual)				
Business or Residence Address c/o Aethon, Inc. 100 Busin		eet, City, State, Zip code) Pittsburgh, PA 15205			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if inc Sean McDonald	lividual)				
Business or Residence Address c/o Aethon, Inc. 100 Busin		eet, City, State, Zip code) Pittsburgh, PA 15205			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if inc Ronald Taylor	lividual)				
Business or Residence Address c/o Aethon, Inc. 100 Busin		eet, City, State, Zip code) Pittsburgh, PA 15205			
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if ind David Ward	lividual)				
Business or Residence Address c/o Aethon, Inc. 100 Busin		et, City, State, Zip code) Pittsburgh, PA 15205			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if inc Peter Meekin	fividual)				
Business or Residence Address c/o Aethon, Inc. 100 Busin		eet, City, State, Zip code) Pittsburgh, PA 15205			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if inc Aldo Zini	lividual)				

Business or Residence Address c/o Aethon, Inc. 100 Busine		eet, City, State, Zip code) Pittsburgh, PA 15205			
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if indi Trident Capital Fund-VI, L.					
Business or Residence Address 505 Hamilton Avenue, Suite 2		eet, City, State, Zip code) A 94301			
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if indi Salix Ventures II, L.P.	vidual)				
Business or Residence Address 30 Burton Hills Blvd., Suite		eet, City, State, Zip code) IN 37215			
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if indi Pacific Venture Group II, L.					
Business or Residence Address 16830 Ventura Blvd., Suite		eet, City, State, Zip code) 91436			
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ind Ascension Health	ividual)				
Business or Residence Address 11775 Borman Drive, Sui		eet, City, State, Zip code) MO 63146			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind Draper Triangle Ventures, L.	•			·	
Business or Residence Address Two Gateway Center, 20 <sup>th</sup>	(Number and Stro Floor, Pittsburgh,	eet, City, State, Zip code) PA 15222	·		
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ind Esum Partnership #2	ividual)			1.3 5	
Business or Residence Address 200 Nine Parkway Center,		eet, City, State, Zip code) 220			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ind Henry F. Thorne	vidual)				
Business or Residence Address 145 Hidden Valley Drive, F		eet, City, State, Zip code) 237			

Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ind Estate of James S. Beckwit		<u> </u>			
Business or Residence Address 111 Greenwood Road, Pittsbu		eet, City, State, Zip code)			
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ind University of Pittsburgh M					
Business or Residence Address Forbes Tower, Suite 11070		eet, City, State, Zip code) eet, Pittsburgh, PA 1521	3		
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ind Innovation Works					
Business or Residence Address 2000 Technology Drive, Pi		eet, City, State, Zip code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind B. Gordon Nelson, III					
Business or Residence Address 411 Stratton Lane, Pittsbur		eet, City, State, Zip code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
Business or Residence Address	(Number and Str	eet, City, State, Zip code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
Business or Residence Address	(Number and Str	eet, City, State, Zip code)			<del></del>
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
Business or Residence Address	(Number and Str	eet, City, State, Zip code)		·	

B. INFORMATION ABOUT OFFERING		
•	Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?		$\boxtimes$
Answer also in Appendix, Column 2, if filing under ULOE.		
2. What is the minimum investment that will be accepted from any individual?	\$1,70	0.00
3. Does the offering permit joint ownership of a single unit?	Yes ⊠	No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.		
Full Name (Last name first, if individual)		
N/A		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States	. $\Box$	All States
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [	HI ] MS ] OR ]	[ ID ] [ MO ] [ PA ]
	WY ]	[ PR ]
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		<del></del>
(Check "All States" or check individual States	. 🗆	All States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK]	[ HI [ MS [ OR	] [ MO ]
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI]	[ WY	] [ PR ]
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		<del></del>
(Check "All States" or check individual States	. 🔲	All States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK]	[ HI [ MS [ OR	] [ MO ] ] [ PA ]
[RI] [SC] [SD] [TN] [TX] [UT] [VA] [WA] [WV] [WI]	{ WY	] [ PR ]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEE	DS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt	0	\$	0
	Equity: \$	14,155,165.13	\$	14,155,165.13
	☐ Common ☐ Preferred		-	
	Convertible Securities (including warrants)	0	S	0
	Partnership Interests		\$	0
	Other (Specify:)		s	
	Total \$		\$	14,155,165.13
	Answer also in Appendix, Column 3, if filing under ULOE.	11,155,165.15	•	11,155,105.15
2.	Enter the number of accredited and non-accredited investors who have purchased securities in the offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicathe number of persons who have purchased securities and the aggregate dollar amount of the purchases on the total lines. Enter "0" if answer is "none" or "zero."	te ir		Aggregate
		Number Investors		Dollar Amount of Purchases
	Accredited Investors	26	\$	14,155,165.13
	Non-accredited Investors		\$	0
	Total (for filings under Rule 504 only)	0	\$_	0
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If the filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in part C – Question 1.			Dollar Amount
	Type of offering	Security		Sold
	Rule 505		\$	0
	Regulation A		\$	0
	Rule 504	**	\$	0
	Total	••	\$	0
			٠.	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insured The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.	r.		
	Transfer Agent's Fees			
	Printing and Engraving Costs			
	Legal Fees			\$125,000.00
	Accounting Fees			
	Engineering Fees		-	<del></del>
	Sales Commissions (specify finders' fees separately)			
	Other Expenses (identify: photocopies, mailing, miscellaneous)			<b>\$</b> 6,890.13
	Total	🛛	\$	131,890.13

	C. OFFERING PF	RICE, NUMBER OF INVESTORS	<u>, EXPENSES AND U</u>	SE OF	PROCEE	DS	
and t	total expenses furnished in response	e aggregate offering price given in response to Part C – Question 4.a. This different	ence is the "adjusted gro	SS		\$	14,023,275.00
	each of the purposes shown. If the	justed gross proceeds to the issuer used amount for any purpose is not known that. The total of the payments listed musponse to Part C – Question 4.b above.	or proposed to be used f n, furnish an estimate an ist equal the adjusted gro	or ad ss		_	
	proceeds to the issuer set forth in te	ponso to ruit e Question tie acció.		Di	yments to Officers, rectors, & Affiliates		Payments to Others
	Salaries and fees			\$			<b>\$</b>
	Purchase of real estate			\$			\$
	Purchase, rental or leasing and insta	llation of machinery and equipment					\$
	Construction or leasing of plant buil	dings and facilities		\$			\$
	that may be used in exchange for the	uding the valued of securities involved it assets or securities of another issuer pu	rsuant to a	s			\$
	Repayment of indebtedness			\$			<b>S</b>
	Working capital			\$		$\boxtimes$	\$ 14,023,275.00
	Other (specify):			\$			\$
				•		_	•
			_				<b>5</b>
			_				\$ 14,023,275.00
	Total Payments Listed (column tota	s added)			<b>■ \$</b> 14,	023,27	5.00
		D. FEDERAL SIGN	JATIDE				
The	iccuer has duly caused this notice to	be signed by the undersigned duly auth		atice is	filed under R	ule 505	the following
signa	ture constitutes an undertaking by	that issuer to furnish to the U.S. Secur any non-accredited investor pursuant to	ities and Exchange Con	missio	n, upon writte	en requ	est of its staff,
Issue	er (Print or Type)	Signature	<del></del>		Date		
A	Aethon, Inc.	allo Zin.			August	29, 200	08
Nam	e of Signer (Print or Type)	Title of Signer (Printor Type)					
A	Aldo Zini	President and Chief Executive	Officer				

	•	E. STATE SIGNATURE		
		30.262 presently subject to any of the disqualification		Yes No ⊠
		See Appendix, Column 5, for state resp	onse.	
	e undersigned issuer hereby u (17 CFR 239,500) at such times	ndertakes to furnish to any state administrator of as required by state law.	any state in which this notice is file	ed, a notice on Form
	e undersigned issuer hereby uer to offerees.	undertakes to furnish to the state administrator	rs, upon written request, informati	ion furnished by the
Lin	nited Offering Exemption (ULO	ts that the issuer is familiar with the conditions (E) of the state in which this notice is filed ar establishing that these conditions have been satisfie	d understands that the issuer cla	
	er has read this notification and orized person.	knows the contents to be true and has duly caused	I this notice to be signed on its beha	alf by the undersigned
Issuer (P	rint or Type)	Signature	Date	<del>.</del>
Aethon, Inc.		all Zim	August	29, 2008
Name of	Signer (Print or Type)	Title of Signer (Print of Type)		
Aldo	Zini	President and Chief Executive Officer		

#### Instructions

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

1	to non invest	2 nd to sell i-accredited ors in State t B-Item 1)	Type of security and aggregate offering price offered in State (Part C-Item 1)		amount pu	investor and rchased in State C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL		×		L					
AK		х							
AZ		х							
AR		х					,		
CA		х	\$14,153,275.00 Series E Preferred Stock	4	\$3,079,170.72	0			Х
со		х							
СТ		×							
DE		х	\$14,153,275.00 Series E Preferred Stock	3	\$4,000,000.05	0			х
DC		х							
FL.		х	\$14,153,275.00 Series E Preferred Stock	1	\$15,162.13	0			х
GA		х							
GU		х							<b>i</b>
н		х							
ID		х							
IL		х	\$14,153,275.00 Series E Preferred Stock	1	\$8,252.11	0			х
IN		х		1					
IA		х							
KS		х							
KY		х							
LA		х		- 1					
ME		х							
MD	l	х							
MA		х	\$14,153,275.00 Series E Preferred Stock	1	\$2,000,000.02	0			х
MI		х							

## **APPENDIX**

1	to noi inves	2 end to sell n-accredited tors in State t B-Item 1)	Type of security and aggregate offering price offered in State (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	(Part E-I	tem 1) No		
MN		x		IIIVestors		investors					
MS		X									
МО	-	х	\$14,153,275.00 Series E Preferred Stock	1	\$1,012,630.12	0			х		
MT		х									
NE		Х									
NV		Х				,					
NH		Х									
NJ		×									
NM		х			~						
NY		х									
NC		х									
ND		x									
он		×									
OK		×									
OR		×	\$14,153,275.00 Series E Preferred Stock	1	\$26,863.42	0			х		
PA		×	\$14,153,275.00 Series E Preferred Stock	11	\$1,050,595.84	0			х		
RI		Х									
sc		Х									
SD		Х									
TN		Х	\$14,153,275.00 Series E Preferred Stock	2	\$960,603.94	0			х		
ТХ		X									
υτ		Х									
VT		Х									
VA		х									

		<del></del> _	······································	APPEN	IDIX	<del></del>			
1 .	Intend to sell to non-accredited investors in State (Part B-Item 1)		3	4  Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
			Type of security and aggregate offering price offered in State (Part C-Item 1)						
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredite Investors	Amount	Yes	No
WA		х							
w		x					-		
Wi		х			<del>• • • • • • • • • • • • • • • • • • • </del>				<u>.</u>
WY		х			<del></del>				
PR		х						-	

